

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

VERIFICATION OF EXAMINATION OR REGISTRATION

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential: _____

Original State of Licensure: _____ Credential Number: _____

SECTION II - Registration agency is to complete this section and return to the Department of Regulation and Licensing.

A. The above named individual was registered as a/an:

	CREDENTIAL #	DATE ISSUED	VALID UNTIL
PROFESSIONAL GEOLOGIST	_____	_____	_____
HYDROLOGIST	_____	_____	_____
SOIL SCIENTIST	_____	_____	_____

B. Basis of Registration:

- ☐ By Written Examination:
☐ Hours Professional Geologist (Provide exam format, scores and dates)

☐ Hours Hydrologist (Provide exam format, scores and dates)

☐ Hours Soil Scientist (Provide exam format, scores and dates)

- ☐ By Comity with _____
- ☐ By Education and Experience: Explain provisions for registration without written examination.

C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual? Yes _____ No _____ If yes, please give details on reverse side.

COMPLETED BY _____ STATE _____

TITLE _____ DATE _____

(BOARD SEAL)